

2012

Division of Adolescent and School Health

Success Stories

STATE AND LOCAL ORGANIZATION EXAMPLES



National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of Adolescent and School Health



Table of Contents

Introduction	3
Strengthening Colorado's Support for Sexual Health Education.....	4
Innovative Pilot Project Helps Reduce Chlamydia Rates Among Youth in Rural Florida County.....	5
AMP! and Project U: Reaching Los Angeles Youth Through Innovative Arts and Social Media to Prevent HIV/AIDS.....	6
Michigan: Establishing Safe and Supportive School Environments.....	8
Montana Produces First-Ever YRBS Reports on American Indian Youth Risk Behaviors.....	10
Allies Matter: Creating Safe School Environments for North Carolina's LGBT Youth	11
Screening Adolescents for STDs: Philadelphia's Innovative In-School Program	13
Rhode Island Champions Safe Schools Through Anti-Bullying Mandate.....	14
Advancing Safe Schools in San Diego.....	15

Introduction

Improving the health of youth requires working through settings in which youth can be reached easily. Each day, the nation's schools provide an opportunity for more than 50 million students to learn about health and practice the skills that promote healthy behaviors. The CDC's Division of Adolescent and School Health (DASH) works with state, local, and territorial education agencies to reach young people through schools to help prevent HIV infection, other STDs, and teen pregnancy. DASH also works with organizations that serve youth who might not be reached adequately through schools, such as runaway and homeless youth and those in foster care or the juvenile justice system.

This collection of program success stories is designed to —

- Exemplify the critical role that state, local, and territorial education agencies play in reaching young people through schools.
- Provide insight into programs in action—showing how they've been successfully developed and implemented.
- Underscore the importance of partnerships in addressing HIV/STD and teen pregnancy prevention.
- Illustrate how the programs DASH supports are making a difference in the lives of our nation's youth.

Why Success Stories Are Important

By developing and sharing success stories, DASH's funded partners can —

- Capture progress over time and highlight major accomplishments.
- Broaden understanding in the field of the value of school-based programs in HIV/STD and teen pregnancy prevention.
- Educate decision makers about the impact of their program.
- Demonstrate responsible use of resources to their stakeholders.
- Share “best practices” with other similarly-funded programs.
- Attract new partners for collaboration.

Background: DASH Mission and Strategies

DASH's mission is to prevent HIV, other STDs, and teen pregnancy and promote lifelong health among youth. To achieve its mission, DASH uses the following key strategies:

- Using school-based surveillance systems to measure the prevalence of health risk behaviors among adolescents and monitor school health policies and practices to prevent them.
- Fostering the delivery of high-quality, evidence-based sexual health education.
- Providing scientific guidance on effective policies and programs to prevent HIV, STDs, and teen pregnancy.
- Increasing youth access to sexual health services, including contraceptives and HIV and STD counseling, testing, and treatment.
- Establishing healthy school environments where all youth feel safe and supported.
- Helping children and adolescents become more resilient by promoting factors that can protect them from risks, such as effective parenting and strong family and school connections.

To learn more about DASH, its partners, and programs, visit www.cdc.gov/HealthyYouth.

Strengthening Colorado's Support for Sexual Health Education

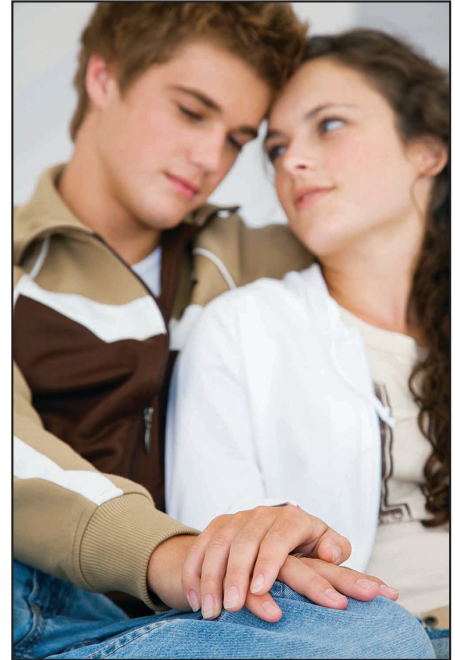
Problem Overview:

Few Colorado teens—particularly the most vulnerable populations—have had access to sexual health education. Although its state health and physical education standards and state law emphasize sexual health education, educational policies in Colorado are largely determined at the local school district level. As a result, variations occur in how Colorado's 183 local education agencies determine the content and delivery of health education instruction, especially for high-risk students.

Program/Activity Description:

With funding from the CDC's Division of Adolescent and School Health, the Colorado Department of Education (CDE) focused on four major areas to strengthen sexual health education in schools and help address public health concerns related to youths' sexual risk behaviors:

- To help develop a state plan for promoting youth sexual health, the CDE's HIV Coordinator worked with the Colorado Department of Public Health and Environment (CDPHE) and the Colorado Youth Sexual Health Team to develop "Youth Sexual Health in Colorado: A Call to Action." This statewide plan for assessment and action is designed to offer health, educational, and economic strategies to help improve the well-being of Colorado's youth.
- To strengthen the statewide infrastructure for sexual health education, the CDE's HIV Coordinator helped convene the Colorado Coalition for Comprehensive Sexual Health in Schools (Coalition). With leadership from the Colorado Youth Sexual Health Team, this broad-based group recommended, compiled, and assessed key guidelines and resources for schools.
- To consolidate recommended resources for local use, the CDE worked with the Coalition to create Colorado Resources for Comprehensive Sexual Health Education in Schools as an academic response to the "Call to Action." These resources, which support delivery of high-quality sexual health education for all students, include state and national educational guidelines, policies and statistics, district considerations and recommendations, and curriculum and instructional resources.
- To support high-quality sexual health education programs for at-risk youth in alternative school settings, the CDE's HIV Coordinator—with funding support from the CDPHE—collaborated with two alternative education schools to create a model sexual health education curriculum for schools addressing the needs of high-risk students. More than 16,000 students attend alternative education schools in Colorado.



Program/Activity Results:

As a result of CDE's initiatives and collaborative efforts —

- In October 2012, Colorado launched the "Youth Sexual Health in Colorado: A Call to Action" initiative. The action plan provides a variety of strategies and approaches tailored to different resources, skills, and knowledge available to communities to improve the sexual health of the state's youth.
- In winter 2012, Colorado piloted high-quality sexual health education in two alternative school settings. Subsequently, the program will be recommended as a model for implementation to the much broader student population enrolled in Colorado's 95 alternative educational schools.
- In spring 2013, the dissemination of the Colorado Resources for Comprehensive Sexual Health Education in Schools enabled all districts and schools throughout the state to have the most current and complete resources to assure high quality sexual health education.

Note: This success story, including background data and outcomes, reflects information as reported by the participating program.

Innovative Pilot Project Helps Reduce Chlamydia Rates Among Youth in Rural Florida County

Problem Overview:

According to the Youth Risk Behavior Survey, by the time Florida students are seniors in high school, 63% report having sexual intercourse at least once. In 2008, Florida's Madison County, a predominantly rural area with a population of about 20,000, had the 2nd highest rates of chlamydia in the state among youth aged 15–19 years. Black youth in Madison County are disproportionately affected by sexually transmitted disease (STD), and the majority (57%) of students in Madison's public schools are black.

Program/Activity Description:

To help reduce sexual risk behaviors and lower STD rates among Madison County adolescents, the University of South Florida (USF)/Florida Department of Education (FDOE)/HIV/AIDS Prevention Education Program (PEP), with the support of CDC's Division of Adolescent and School Health, launched a pilot project in 2010. In spearheading this project, USF/FDOE PEP worked closely with many partner agencies that were instrumental in planning and implementing the pilot program: school health and social service agencies in the local community; the Madison County School District; the Healthy Start Coalition of Jefferson, Madison, and Taylor Counties; and the Madison County Health Department.

Key features of the pilot project included the following:

- Positive Action curriculum kits—distributed to every Madison County Public School, and implemented K-12 in the school district. Positive Action is designed to help create a healthy school climate for students and has been shown to reduce youth risk behaviors, including sexual risk behaviors.
- Funding and staff to implement Making Proud Choices, an evidence-based, comprehensive sexual health education curriculum, to youth in churches, a Boys and Girls Club, and a community center.
- Training of staff members of the local health department and the Healthy Start Coalition on how to use the Beyond the Birds and the Bees curriculum to teach parents to be the primary sexuality educators for their children and to advocate for science-based HIV, STD, and teen pregnancy prevention education in their district schools.
- Additional training for a Leadership Task Force to expand delivery of HIV/STD prevention education in community settings for parents and youth.



Program/Activity Results:

Madison County, which ranked 2nd highest for chlamydia rates among youth (aged 15–19 years) in Florida in 2008, dropped to 11th highest in 2010, and to 40th in 2012 among the 67 counties in the state—showing sustained improvement. The collaborative work of the USF/FDOE PEP Program and partners in Madison County contributed to this major accomplishment.

As recommended by the community partners, the county is considering use of Making Proud Choices with 9th-grade students in the classroom setting, in addition to using it in community venues. To more effectively address STD among its rural youth, Florida also plans to use the strategies and evaluation results from the Madison County pilot project to create an STD prevention guidance document applicable for statewide use.

Note: This success story, including background data and outcomes, reflects information as reported by the participating program.

AMP! and Project U: Reaching Los Angeles Youth Through Innovative Arts and Social Media to Prevent HIV/AIDS

Problem Overview:

In 2011, Los Angeles (LA) County reported 1,880 new HIV diagnoses—accounting for 38% of California’s 4,950 reported cases that year. According to the CDC, in 2011 LA County had the highest number of cases of chlamydia and the second highest number of gonorrhea cases among counties and independent cities in the United States.

Program/Activity Description:



To help tackle LA’s HIV/AIDS epidemic, the Los Angeles Unified School District’s (LAUSD) HIV/AIDS Prevention Unit, funded in part by the CDC’s Division of Adolescent and School Health, helped launch innovative education projects that reach high school students—one, involving art-, dance-, and theatre-related elements; and another, incorporating contemporary social media technology.

AMP! — The **A**rts-based, **M**ultiple intervention, **P**eer-education program (AMP!) was developed collaboratively by the UCLA Art & Global Health Center staff and LAUSD’s HIV/AIDS Prevention Unit. AMP! is implemented primarily by UCLA staff as part of the LAUSD 9th-grade health education HIV/AIDS curriculum. The multi-component program, spanning 6 to 10 class periods, leads students through artistic processes and simultaneously educates them about important sexual health issues. **AMP!** includes

- hands-on art-making activities that prompt discussions with young people to increase their understanding about sexual health issues and learn negotiation skills;
- storytelling by individuals infected with, or affected by, HIV;
- peer-led information sessions on HIV;
- an original live performance delivered by undergraduate UCLA students;
- a travelling art exhibit called **Art Moves**; and
- a DVD series, “When the Situation Gets Slippery,” produced by a student performance troupe—presenting skits and testimonials on specific topics such as condoms, testing, social stigma, and sexual orientation. The DVD is accompanied by a discussion guide for classroom use.

Project U — Headed by the LAUSD HIV/AIDS Prevention Unit in partnership with the Beyond the Bell after-school program, community-based organizations, institutions of higher education, and the LA County Department of Public Health, Project U uses the latest technology to bring young people the information and services they need to make healthy choices for themselves and their relationships. This grass-roots, student-driven, social marketing campaign links LAUSD students, both on and off campus, to an on-demand text message information service and Web site for health information and services. Project U goals are to increase the percentage of LAUSD high school students who receive HIV/AIDS and STD prevention education, and—if they are sexually active—use condoms and access HIV/STD testing.

LAUSD provides the Web site and text messaging system for connecting youth to

- STD/HIV, reproductive health, and LGBTQ information and resources through weekly text messages or online forum chats.
- Mobile phone numbers or Web sites to request free condoms (10 condoms sent to the home in discreet packaging).
- Anonymous home test kits for STDs (free; sent to the home).
- A teen blog, written by LA teens.

The LAUSD also hosts leadership summits to provide schools with the tools and guidance for implementing Project U, and trains students on the technology.

Program/Activity Results:

AMP!

After UCLA pilot-tested AMP! in one school in the LAUSD, the feedback demonstrated

- 21% increase in students who reported feeling compassion towards people living with HIV/AIDS.
- 38% increase in students who knew where to get a local HIV test.

Moreover, after the AMP! program, sexually active students were nearly four times more likely to get tested for HIV.

The AMP! model has been implemented and is being evaluated at more than 10 Los Angeles area school campuses. Further expansion throughout LAUSD is anticipated, along with replication of the AMP! model at universities and high schools across the United States, especially in the South where HIV rates are highest. In 2013, funding from the Ford Foundation will support pilot testing of AMP! in Atlanta, Georgia, and in Chapel Hill, North Carolina.

Project U

- As of spring 2012, approximately 600 Los Angeles area students from more than 28 schools had participated in Project U leadership summits.
- In fall 2012, Project U was made available district-wide to more than 100 schools.
- Daily Web site visits (averaging 800 to 2,600) by youth to the Project U page further illustrate the value of using multiple approaches to link youth to critical health information.

Note: This success story, including background data and outcomes, reflects information as reported by the participating program.

Michigan: Establishing Safe and Supportive School Environments

Problem Overview:

A CDC analysis of Youth Risk Behavior Survey (YRBS) data found that sexual minority students, especially those who identified as homosexual or bisexual, were disproportionately likely to engage in many health risk behaviors, including sexual risk behaviors (such as having sexual intercourse for the first time at younger ages, having multiple sex partners, and not using condoms); tobacco, alcohol, and other drug use; and behaviors related to attempted suicide. Negative attitudes toward lesbian, gay, bisexual, and transgender (LGBT) students put them at increased risk for experiences with violence, compared with heterosexual students. Violence can include behaviors such as bullying, teasing, harassment, physical assault, and suicide-related behaviors.

Program/Activity Description:

In an effort to ensure that LGBT and questioning (LGBTQ) students are physically and emotionally safe at school, the Michigan Department of Education (MDE) convened a workgroup to address this critical issue. Under the guidance of the workgroup, and in coordination with the Detroit Public Schools, the Calhoun Intermediate School District (ISD) compiled and published a resource guide, *A Silent Crisis: Creating Safe Schools for Sexual Minority Youth* (<http://www.emc.cmich.edu/products/SilentCrisis/default.htm>), to address the health and safety needs of LGBT youth. The MDE adopted the guide (with permission from the Calhoun ISD) and, through CDC-Division of Adolescent and School Health (DASH) support to the Detroit Public Schools, revised the guide throughout the next decade.



Printed and distributed with funding support from CDC-DASH, this resource is designed for use by teachers, counselors, administrators, parents, and other professionals. First published in 2001, the 2010 fifth edition of *A Silent Crisis* includes many new resources, practical tools, and strategies for providing safe, respectful, and supportive learning environments for all students.

Program/Activity Results:

Over the past 10 years, the MDE —

- Conducted more than 44 workshops on using *A Silent Crisis: Creating Safe Schools for Sexual Minority Youth*—training nearly 1,600 representatives from 257 school districts across the state that collectively serve more than 900,000 students. Following these trainings —
 - More than 100 high schools in Michigan (public and private, combined) have established gay-straight alliances (GSAs).
 - Schools have conducted in-service programs for their staff, revised school policies to establish safe spaces for students, revised curricula and classroom resources to be inclusive of all youth, and identified health services referrals, as appropriate, to facilitate access by students to health service providers not on school property.
- Co-founded a state-level youth advisory council, the Michigan Youth (MY) Voice on Adolescent Sexual Health, to train and empower youth to support policy-makers and program leaders in developing policies and programs that better meet the needs of all youth.

- Added a same-sex sexual behavior question to the Michigan YRBS (2011) and will be adding a sexual identity question to the YRBS in 2013.
- Developed a directory of high schools across the state that report having a GSA—to facilitate communication, networking, and sharing of best practices.
- Identified lessons that include discussions of LGBTQ youth for supplemental use by school districts wanting to address sexual orientation and gender identity more specifically as part of their middle and high school health curricula.
- Included the *Silent Crisis* trainings and follow-up support as one of the interventions that schools funded through the U.S. Department of Education’s Safe and Supportive Schools grant (focused on high-need high schools across Michigan) can choose. Seven of the 23 funded high schools have selected the *Silent Crisis* intervention.



Through ***A Silent Crisis: Creating Safe Schools for Sexual Minority Youth***, Michigan is working to create a positive school climate for all students to help youth feel socially, emotionally, and physically safe and supported—and ready to learn.

Note: This success story, including background data and outcomes, reflects information as reported by the participating program.

Montana Produces First-Ever YRBS Reports on American Indian Youth Risk Behaviors

Problem Overview:

Although 10% of Montana's high school student population is American Indian (AI), the state did not have representative data on youth risk behaviors for this population group through the CDC's Youth Risk Behavior Survey (YRBS). As a result, Montana's schools and other youth-serving organizations and agencies lacked critical data necessary for developing effective health promotion and disease prevention programs and messages for the AI population—which is disproportionately affected by a number of different health problems. For example, in the United States,

- The gonorrhea rate in 2010 among American Indians/Alaska Natives (AI/AN) was 4.6 times the rate among whites, and overall, the rate of chlamydia among AI/AN was more than four times the rate among whites.
- A study showed the survival of youth 36 months after AIDS diagnosis was lower for AI/AN youth, compared with white youth.

Program/Activity Description:

To address the lack of representative AI youth risk behavior data, the Montana Office of Public Instruction (OPI) worked closely with the CDC's Division of Adolescent and School Health surveillance staff to

- Set up detailed procedures for surveying AI students during the 2011 YRBS data collection.
- Create step-by-step instructions for local school staff to follow in administering the YRBS.
- Conduct regular quality-assurance checks during the survey to ensure proper data collection methods were being followed.
- Provide complete, timely, and accurate data while working across multiple tribal organizations and within appropriate cultural contexts.



Program/Activity Results:

For the first time in 20 years, Montana collected representative (weighted) data about health risk behaviors among its AI students. The OPI then produced a series of special reports featuring the AI data, including reports documenting differences in risk behaviors between AI students living on or near a reservation, and AI students attending urban schools.

The YRBS AI reports were disseminated to 180 agencies and organizations across the state that work with, or have an interest in, the health of American Indian young people, their wellness, their education, and their futures. These new AI reports are being used to —

- Guide AI agencies in determining the type of interventions that will most benefit AI students in promoting healthy behaviors—based on their greatest needs and current risks.
- Increase awareness of the complex issues facing AI students, their families, and their communities, including the need for multiple layers of support to improve their health and academics.
- Help Native American public health agencies and other organizations design more effective prevention messages regarding sexual risk behaviors, drinking, drug use, and other unhealthy behaviors.

In addition —

- The Montana Board of Crime Control uses the YRBS data to monitor risk factors among AI/AN youth, who are disproportionately represented in the state's juvenile justice system. Having the AI/AN data better equips the state to educate these youth regarding sexual behaviors that put them at risk for STDs and HIV.
- One Montana school district hired a full-time staffer to work specifically with AI youth and their families on accessing community resources and improving academic achievement.

Allies Matter: Creating Safe School Environments for North Carolina's LGBT Youth

Problem Overview:

In North Carolina, 54% of HIV diagnoses among 13–24 year olds were among young men who have sex with men (YMSM). In addition to increased risk for HIV infection, sexual minority youth also are at greater risk for suicide. According to 2011 Youth Risk Behavior Survey results for the state,

- 14.3% of its high school students seriously considered attempting suicide in the past year.
- 13.5% made a plan about how they would attempt suicide.
- 5% reported attempting suicide that resulted in injury that had to be treated by a doctor or nurse.



Negative attitudes toward lesbians, gays, bisexuals, and transgender (LGBT) youth put these students at increased risk for experiences with violence, compared with other students. Violence can include behaviors such as bullying, teasing, harassment, physical assault, and suicide-related behaviors.

Program/Activity Description:

The North Carolina Department of Public Instruction (NCDPI)/Healthy Schools program, funded in part through the CDC's Division of Adolescent and School Health, partnered with the NC Division of Public Health/Youth Suicide Prevention program to create a 5-hour "How to be an Ally" training program for school counselors, social workers, teachers, and administrators. The training was designed to teach staff how to create a supportive school environment for sexual and gender minority youth. Studies have shown that the presence of school-based supports—such as supportive staff, safe spaces, gay-sensitive HIV instruction, gay-straight alliances or other student-led clubs for LGBT youth, and protective anti-bullying and anti-harassment policies—are associated with a healthier school environment for LGBT students. These school-based supports also can result in students having a greater feeling of school connectedness, higher GPA, and a reduced likelihood of victimization and suicidal thinking and behavior.

The objectives of the Ally training include —

- describing the experiences of LGBT (and questioning) youth in schools;
- identifying the disproportionate rates of HIV among YMSM;
- examining the high rates of suicides, suicide attempts, and other self-destructive behavior among LGBTQ youth, and practicing behaviors of how to be an ally.

The Ally trainings, funded jointly through the NCDPI and a special grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), open with a video, *Allies Matter*, created specifically for this professional development initiative. The video features North Carolina LGB high school students talking about their experiences in schools and the difference it makes having supportive adult allies. A values-clarification exercise helps participants examine their personal feelings towards homophobia. Participants review how the critical public health issues of HIV and suicide impact youth, and learn more about gay terminology and stereotypes. The workshop also challenges participants to problem-solve difficult scenarios that LGBTQ youth might experience throughout a school day.

Program/Activity Results:

During the 2011–2012 school year, the training was implemented in six school districts with approximately 100 counselors, social workers, administrators, and teachers in attendance—representing student body enrollments of about 120,000 students. Results from a post-training on-line survey show that, after the training, participants were —

- more aware of the mental and emotional health issues that confront LGBTQ students;
- more appreciative of the need for allies in schools, and
- committed to demonstrating their support as allies by posting “ally” stickers at their offices and classrooms, noting their availability to students to be their allies.

Local TV stations in western North Carolina have promoted the **Allies Matter** video, further raising awareness for addressing bullying of LGBTQ students in schools. Additional success of the Ally training program is evident in the selection of **Allies Matter** by Answer, a Rutgers University-sponsored national organization that provides and promotes access to sexuality education for young people and to the adults who teach them. The video is used in Answer’s online *LGBTQ Issues* workshop for middle and high school health professionals to increase their knowledge of LGBTQ issues and ways to make the school environment more inclusive for all students.

During the 2012–2013 school year, the NC program is working with SAMHSA to conduct six new district “How to be an Ally” trainings—designed to reach about 180 education professionals serving 250,000 students. NCDPI funding also supports scheduling of substitute teachers to enable more classroom educators to participate in these trainings. The North Carolina Injury Prevention Research Center will conduct a formal pre-, post- and 3-month evaluation of these trainings.



Screening Adolescents for STDs: Philadelphia's Innovative In-School Program

Problem Overview:

Many young people engage in sexual risk behaviors that can result in unintended health outcomes including sexually transmitted diseases (STDs), such as chlamydia and gonorrhea, and HIV. Untreated chlamydia can have severe health consequences, particularly for young women (such as tubal pregnancy, infertility, and chronic pelvic pain). Sexually active teenagers also are among populations having the highest reported rates of gonorrhea infection. Many infections go undetected and untreated because people often do not have symptoms. Left untreated, these STDs can increase a person's risk of acquiring or transmitting HIV—the virus that causes AIDS. In 2001 in Philadelphia, the highest rates of chlamydia and gonorrhea cases reported (72% of the chlamydia cases and 54% of the gonorrhea cases) were among youth aged 15–24 years. Despite prevention efforts, incidence rates for these STDs have continued to rise among this age group.

Program/Activity Description:

Working together, the Philadelphia Department of Public Health (PDPH) and the School District of Philadelphia set up an in-school STD screening program to educate students about STDs, and identify and treat chlamydia and gonorrhea among high school students. Supported in part through the CDC's Division of Adolescent and School Health, the School District of Philadelphia helps review educational materials used in the STD screening presentations, conducts educational workshops to raise awareness about the program, and facilitates use of the program by the schools.

Each high school notifies the students' parents about the program. Students attend a 25-minute educational program on common STDs and HIV, including risk factors and prevention methods. Confidential, urine-based testing is offered to all students who attend the presentation. Students who test positive are provided treatment.



Program/Activity Results:

For the 2002–2012 school years, the Philadelphia High School STD Screening Program performed 150,473 screening tests for chlamydia and gonorrhea on 103,625 students:

- 8,087 tests were positive (among 7,641 students).
- Of the students testing positive, 97% received treatment.
- 1,850 students who tested positive were rescreened within 3 months.
- 209 of 239 reinfected students (87%) were retreated.
- In addition, students who test positive for an STD are referred for HIV counseling and testing.

Since 2009, students in the program have been asked (via in-take information sheets completed by each student participating in the program) if they have ever had sex. Students infected with STD are asked additional risk behavior questions during in-school treatment or treatment at the health department clinic. This ongoing screening program continues to identify students likely at high risk for unhealthy outcomes from unprotected sex.

Data collected during student interviews are being used to better understand and address Philadelphia's STD problem among its youths. To reach students attending high schools in areas of higher incidence, the STD education and screening program is offered at least annually. Testing and treatment of STDs can be an effective tool in preventing the spread of HIV. Treatment of females with STDs is likely preventing pelvic inflammatory disease and other adverse conditions.

Note: This success story, including background data and outcomes, reflects information as reported by the participating program.

Rhode Island Champions Safe Schools Through Anti-Bullying Mandate

Problem Overview:

Bullying of a student creates a climate of fear and disrespect that can seriously impair the student's health and negatively affect learning. According to results from the state 2011 Youth Risk Behavior Survey, about 1 in 5 (19.1%) Rhode Island high school students report being bullied on school property; 15% report cyber-bullying (including e-mail, chat rooms, instant messaging, Web sites, or texting). In addition, compared to their non-bullied peers, high school students who were bullied —

- Had significantly higher health risks related to violence and injury; mental health; tobacco, alcohol, and other drug use; sex; and weight.
- Were more likely to be female; white, non-minority; or lesbian, gay, or bisexual.

Youth suicides related to bullying in school have raised awareness at local, state, and national levels about the critical need for increased education, stronger policies, and consistent action to bolster anti-bullying efforts.



Program/Activity Description:

Three key RI agencies and organizations—Youth Pride, Inc., the Rhode Island Department of Education (RIDE)/RIDE Board of Regents, and the RI Senate Commission on Cyber-bullying—united their efforts to make schools safer places for all youth in their state.

- In November 2010 the Rhode Island Department of Education (RIDE), with buy-in from its Board of Regents and legislators, held a statewide lesbian/gay/bisexual/transgender/questioning (LGBTQ) anti-bullying forum. Through collaboration with a local NBC News affiliate, the event received extensive media coverage. More than 250 DVD copies of the forum, which included personal “Voices from the Field” videos from students and teachers, were disseminated to all school districts and charter schools in the state.
- Through their joint, intensive planning efforts for the forum, the key leaders created additional momentum in December 2010 to support anti-bullying efforts—resulting in the RIDE Board of Regents’ strengthening anti-discrimination language and revising its school anti-bullying policy to include gender identity/expression.
- Further building on this movement to bolster anti-bullying policies in the state, RIDE worked with the RI Senate Commission on Cyber-bullying to help develop key legislation: the Safe Schools Act, which was passed in July 2011.

Program/Activity Results:

The Safe Schools Act directed RIDE to establish a unified statewide policy that includes

- prohibitions against bullying, cyber-bullying, and retaliation;
- procedures for students, staff, parents, guardians, and others to report bullying;
- procedures for responding to, and investigating reports of, bullying; and
- a range of disciplinary actions that may be taken against a perpetrator of bullying.

As a result of the Safe Schools Act, all RI school districts, charter schools, career and technical schools, approved private day or residential schools, and collaborative schools were required to adopt the Statewide Bullying Policy by June 2012.

To help school staff implement the state policy, RIDE’s Coordinated School Health Web site, **thrive**—sponsored by RIDE in partnership with the RI Department of Health, with funding provided by the CDC’s Division of Adolescent and School Health—provides schools with tools and resources, such as the Guide to Preventing Bullying, Teen Dating Violence and Sexual Violence (updated June 2012). Rhode Island’s cumulative achievements, accomplished through collective, but singularly focused efforts, set it apart as a standard-bearer in the national call to action against bullying—especially LGBTQ bullying.

Advancing Safe Schools in San Diego

Problem Overview:

Lesbian, gay, bisexual, and transgender (LGBT) youth are at increased risk for suicidal thoughts and behaviors, suicide attempts, and suicide. A nationally representative study of adolescents in grades 7–12 found that LGB youth were more than twice as likely to have attempted suicide as their heterosexual peers. In 2009, the San Diego Unified School District (SDUSD) analyzed Youth Risk Behavior Survey (YRBS) data to see if students who reported harassment because “someone thought they were gay, lesbian, or bisexual” were at an increased risk for suicide. The results confirmed that students who reported being harassed, compared to those who were not, were more likely to report feeling unsafe at school; feeling sad/hopeless; and considering or planning suicide, or having attempted suicide.

Program/Activity Description:

To ensure that schools in the SDUSD are safe places for all students and staff, the district convened the Safe Schools Task Force to look at existing policies and procedures that address bullying, harassment, and intimidation. The task force brought together administrators, teachers, community members, and agency staff, with special outreach to the LGBT community. The Task Force —

- Developed a district-wide Bullying, Harassment and Intimidation Prohibition Policy (unanimously adopted by the SDUSD board in April 2011) that complies with federal and state laws and extensively delineates the types of protections addressed (including race, religion, creed, color, marital status, parental status, veteran status, sex, sexual orientation, gender expression or identity, ancestry, national origin, ethnic group identification, age, and mental or physical disability).
- Developed a procedure addressing bullying, harassment, and intimidation that outlines reporting duties for staff and students, lists training requirements for all staff, and includes an investigative reporting form.
- Established sub-committees to focus on staff development, curriculum, and communication regarding the new policy and procedure.
- Encouraged school sites to create “Safe Spaces” specifically for LGBT students.

The superintendent of SDUSD was a vocal supporter of the new policy and procedure and spoke publicly on the importance of safe schools.



Program/Activity Results:

As a result of the task force activities and the superintendent’s support, during the 2011–2012 school year —

- All SDUSD cabinet-level staff attended training on LGBT issues.
- 75% of district high schools had active gay-straight alliances (GSAs).
- All middle/high school sites received Safe Space Kits from the Gay, Lesbian, and Straight Education Network (GLSEN)—designed to help educators create safe spaces for LGBT youth in schools.
- The SDUSD formed new partnerships with three agencies that serve LGBT youth—the San Diego LGBT Center, and local chapters of GLSEN and GSA Network.
- The first-ever GSA at a middle school was started.
- The SDUSD incorporated LGBT information into four district training events.

The CDC-supported HIV Resource Teacher participated on the Safe Schools Task Force and is the chair person for staff training, which began in fall 2012. Questions related to LGBT youth will be included in the SDUSD’s 2013 YRBS, and the data analysis will help determine if the district’s anti-bullying policy and related activities have made a positive impact.

Note: This success story, including background data and outcomes, reflects information as reported by the participating program.

U.S. Department of Health and Human Services

Centers for Disease Control and Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of Adolescent and School Health
4770 Buford Highway, NE
MS K-29
Atlanta, GA 30341-3717
1-800-CDC-INFO (1-800-232-4636)
or 1-888-232-6348 (TTY)
cdcinfo@cdc.gov
www.cdc.gov/HealthyYouth